Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0920014	ALCOVE MOTEL				NC	30	Р	GW
Local Address (where applicable)		Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
87 MAIN STREE	T	Connections			14			

Towns Served: NEW HARTFORD

ring Requirements			
D: 00600)			
	1 rout	ine (RT) per quarter	
Monitoring Period	Collection Period	Compliance Status	
4/1/18 - 6/30/18		Complete	
7/1/18 - 9/30/18		Complete	
10/1/18 - 12/31/18			
1/1/19 - 3/31/19			
4/1/19 - 6/30/19			
	1 rout	ine (RT) per quarter	
Monitoring Period	Collection Period	Compliance Status	
4/1/18 - 6/30/18		Complete	
7/1/18 - 9/30/18		Complete	
10/1/18 - 12/31/18			
1/1/19 - 3/31/19			
4/1/19 - 6/30/19			
	1 r	outine (RT) per year	
Monitoring Period	Collection Period	Compliance Status	
1/1/17 - 12/31/17		Complete	
1/1/18 - 12/31/18		Complete	
1/1/19 - 12/31/19			
	Monitoring Period 4/1/18 - 6/30/18 7/1/18 - 9/30/18 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 Monitoring Period 4/1/18 - 6/30/18 7/1/18 - 9/30/18 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 Monitoring Period 1/1/17 - 12/31/17 1/1/18 - 12/31/18	1 rout Monitoring Period Collection Period 4/1/18 - 6/30/18 7/1/18 - 9/30/18 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 1 rout Monitoring Period Collection Period 4/1/18 - 6/30/18 7/1/18 - 9/30/18 10/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19 1 rout Collection Period 1/1/17 - 12/31/18	

Public Notification Requirements									
	Compliance	Notice	Public No	tification	PN Certification				
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Nitrate And Nitrite M&R Violation	1/1/15 - 12/31/15	2	6/1/2016		6/11/2016				

	W	ater System Facili	ty and Sampling P	oint Ir	iventoi	ſy			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21608	WELL	2	WELL	Α					
56613	BLADDER TANK								

	C	antast Informati				
	C	ontact Informati	on			
Name	Organization			Job Title		
Mr. Bhasker Desai		Alcove Motel		Member		
Mailing Address Line One	Mailing Add	ress Line Two		City	State	Zip Code
37 Main Street PO Box 37			Hartford	СТ	06057	
	· ·					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Departme	ent of	Public	Health	\mathbf{D}	rinking	g Water	Section	
	Wat	ter Quality N	Monite	oring ai	nd Con	npl	liance S	Schedul	le	
PWS ID	PWS Name					Cla	ssification	Population	Owner Type	Primary Source
CT0920014	ALCOVE MOTEL						NC	30	Р	GW
Local Address (w	here applicable)			Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural
87 MAIN STREET				Connections			14			
Towns Served: N	EW HARTFORD								·	
Business Phone	e Extension	Fax	Mobil	e Phone	Emergency	/ Pho	one Email <i>i</i>	Address		
860-693-8577		860-693-8577			860-693	-857	7			

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connectic	ut Department of	Public Health	Drink	ing Wa	ater Se	ction		
	Wa	ter Quality Monit	oring and Con	npliano	ce Sche	edule			
PWS ID	PWS Name	<u> </u>	<u> </u>	_			ner Type Pr	imary Source	
CT092002	4 1165 LITCHFIELI	D TURNPIKE		NC	2		P	GW	
Local Addr	ress (where applicable)		Service Resident Connections		nercial In	dustrial	Combined	Agricultural	
Towns Ser	ved: NEW HARTFORD				_				
		Monito	oring Requireme	nts					
Water Sy:	stem Facility: DISTE	RIBUTION SYSTEM (WSF II	D: 00600)						
Total Col	liform (3100)					1 rou	tine (RT) p	er quarter	
Samp	oling Point (Sampling F	Monitori	ing Period	Collecti	on Period	Compli	ance Status		
Selec	t from Inventory of Act	tive Sampling Points	4/1/18	6/30/18			Coi	mplete	
			7/1/18	9/30/18			Coi	mplete	
			10/1/18	12/31/18					
			1/1/19	3/31/19					
			4/1/19	6/30/19					
Physical	Parameters (PPS)					1 rou	itine (RT) p	er quarter	
-	oling Point (Sampling F	Point ID)	Monitori	ing Period	Collecti	on Period		ance Status	
Selec	t from Inventory of Act	tive Sampling Points	4/1/18	6/30/18			Coi	mplete	
			7/1/18	9/30/18			Coi	mplete	
			10/1/18 -	12/31/18					
				3/31/19					
				6/30/19					
Water Sy:	stem Facility: ENTR	Y POINT (WSF ID: 00700)		· ·					
•	And Nitrite (NOX)	,				1	routine (R	T) per year	
	oling Point (Sampling F	Point ID)	Monitori	ing Period	Collecti	on Period	-	ance Status	
	Y POINT (3)	······		12/31/17		Complete			
	(6)			12/31/18		Complete			
				12/31/19					
		Other Co	ompliance Sched						
Compliand	ce Schedule Activity		-	Due Date		Achieved	Date		
-	TO SANITARY SURVEY			9/8/2010					
		Water System Facili	ty and Sampling	Point I	nventor	У			
Water		•			Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage	
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR	
00600	DISTRIBUTION SYSTEM	Л 4	DISTRIBUTION SYSTEM	1 A	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CO	N A					
		UPSTREAM	WITHIN 5 SERVICE CO	N A					
00700	ENTRY POINT	3	ENTRY POINT	А					
21609	WELL	2	WELL	А					
		Con	tact Information) <u> </u>					
Name		Or	rganization				Job Title		
Mr loffro	. Dadwide		o Pakorsvillo Mall IIC		Mar	nagor	113		

The Bakersville Mall, LLC

Mailing Address Line Two

Mobile Phone

P.O. Box 223

Fax

Manager

City

New Hartford

Emergency Phone Email Address

Zip Code

06057

State

CT

Mr. Jeffrey Radwick

Business Phone

860-294-6826

Mailing Address Line One

The Bakersville Mall, LLC

Extension

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	23333		P					
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0920024	1165 LITCHFIELD TURNPIKE				NC	25	Р	GW
Local Address (v	Local Address (where applicable)		Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
		Connections			1			

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 10/30/2018

		Connecticut D	epartment of	Public H	lealth	Dr	inki	ng W	ater S	ection		
) Quality Monit					U				
PWS ID		PWS Name	edulity 1-10111t		u dom					ner Type P	rimary Source	
CT092003	34	97-107 MAIN STREET -	NEW HARTFORD				NC		25	Р	GW	
Local Add	ress (where applicable)		Service	Residen	tial(Comme		ndustrial	Combined	Agricultural	
		COMPANY		Connections			1					
Towns Se	rved:	NEW HARTFORD										
			Monito	oring Requ	uireme	nts						
Water Sy	ystem	Facility: DISTRIBUTION										
Total Co	oliforr	n (3100)							1 ro	utine (RT)	per quarter	
Sam	pling	Point (Sampling Point ID)		Monitori	ng Pe	riod	Collec	tion Period	l Compli	ance Status	
Seled	Select from Inventory of Active Sampling Points				4/1/18 -	6/30	/18			Co	mplete	
					7/1/18 -	9/30	/18			Co	mplete	
					10/1/18 -	12/3	1/18					
					1/1/19 -	3/31	/19					
					4/1/19 -	6/30	/19					
Physical	l Para	meters (PPS)							1 ro	utine (RT)	per quarter	
		Point (Sampling Point ID			Monitori			Collec	tion Period		ance Status	
Seled	ct from Inventory of Active Sampling Points 4/1/18 - 6/30/18					mplete						
					7/1/18 -					Co	mplete	
					10/1/18 -							
					1/1/19 -							
Matar	ıstanı	Facility: ENTRY POIN	IT (MCF ID: 00700)		4/1/19 -	6/30	/19					
		Vitrite (NOX)	(WSF ID: 00700)						1	routing (E	T) per year	
		Point (Sampling Point ID)		Monitori	na Pe	riod	Collec	د tion Period	-	ance Status	
		NT (3)	/		1/1/17 -			Conce			mplete	
2.41.					1/1/18 -				Complete			
					1/1/19 -							
		Wat	er System Facili	itv and Sai				vento	rv			
Water				,				Total	Lead and	1		
System	Wat	er System Facility	Sampling Point	Sampling Poi	int			Coliform			Stage	
Facility IE	כ		ID	Description		S	tatus	Rule	Rule Tie	r Asbestos	WQP 2 DBPI	
00600	DIST	RIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM		Α	Υ				
			DOWNSTREAM	WITHIN 5 SEF	RVICE CON	١	Α					
			UPSTREAM	WITHIN 5 SEF	RVICE CON	١	Α					
00700	ENT	RY POINT	3	ENTRY POINT	-		Α					
48669	WEL	L 1	2	WELL 1			Α					
57167	UV S	YSTEM										
			Con	tact Infor	mation							
Name			O	rganization						Job Title		

City

New Hartford

Emergency Phone Email Address

State

CT

Zip Code 06057-0206

Mailing Address Line Two

Mobile Phone

P.O. Box 206

Business Phone

860-379-0575

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Ms. Barbara J. Krohner Mailing Address Line One

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarty 1.10111th	or mig and	a don	ipmanee i	Jeneau		
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source		
СТ0920034	97-107 MAIN STREET - NEW HARTFORD	NC	25	Р	GW		
Local Address (v	ocal Address (where applicable)			tial Commerc	ial Industri	al Combine	ed Agricultural
BIRCH LANE ICE	COMPANY	Connections		1			
Towns Served: I	NEW HARTFORD					·	

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

		Connecticut De	epartment of	Public F	lealth	Drink	king V	Vater	Se	ction	
		Water 0	uality Monit	oring an	d Com	nolian	ce Sc	hedul	e		
PWS ID		PWS Name	<u></u>	<u> </u>		Classifica				ner Type Pr	imary Source
CT092004	14	CAMP SEQUASSEN (FRIE	ENDSHIP - WELL #3)			NC		25		P	GW
Local Add		here applicable)		Service	Resident	tial Com	mercial	Industria	al	Combined	Agricultura
791 WEST				Connections			1				
Towns Sei	rved: N	IEW HARTFORD									
			Monito	oring Requ	uireme	nts					
Water Sy	ystem	Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
Total Co	liform	(3100)						1	rou	tine (RT) բ	er quarter
Sam	pling P	oint (Sampling Point ID)			Monitorii	ng Period	Colle	ection Per	riod	Compli	ance Status
Selec	ct from	Inventory of Active Sam	pling Points		4/1/18 -	6/30/18				Co	mplete
					7/1/18 -	9/30/18				Co	mplete
					10/1/18 -	12/31/18	3				
					1/1/19 -	3/31/19					
					4/1/19 -	6/30/19					
Physical	l Paran	neters (PPS)						1	rou	tine (RT) բ	er quarter
Samj	pling P	oint (Sampling Point ID)			Monitorii	ng Period	Colle	ection Per	riod	Compli	ance Status
Selec	ct from	Inventory of Active Sam	pling Points		4/1/18 -	6/30/18				Co	mplete
					7/1/18 -	9/30/18				Co	mplete
					10/1/18 -	12/31/18	3				
					1/1/19 -	3/31/19					
					4/1/19 -	6/30/19					
Water Sy	ystem	Facility: ENTRY POIN	T (WSF ID: 00700)								
Nitrate A	And N	itrite (NOX)							1 ו	routine (R	T) per year
Samj	pling P	oint (Sampling Point ID)			Monitorii	ng Period	Colle	ection Per	riod	Compli	ance Status
ENTF	RY POIN	NT (3)			1/1/17 - 3	12/31/17				Co	mplete
					1/1/18 - 3	12/31/18				Со	mplete
					1/1/19 - 1	12/31/19					
		Wate	r System Facili	ty and Sai	mpling	Point	Invent	ory			
Water							Tota	l Lead	and		
System		r System Facility	Sampling Point		int		Colifo				Stage
Facility ID)		ID	Description		Statu	is Rule	Rule	Tier	Asbestos	WQP 2 DBPI
00600	DISTR	RIBUTION SYSTEM	4	DISTRIBUTIO	N SYSTEM	Α	Υ				
			DOWNSTREAM	WITHIN 5 SEF	RVICE CON	I A					
			UPSTREAM	WITHIN 5 SEF	RVICE CON	I A					
00700	ENTR	Y POINT	3	ENTRY POINT	Г	Α					
21611	WELL	·	2	WELL		Α					
			Con	tact Infor	mation						
Name			O	rganization						Job Title	

			С	ontact Inf	ormation					
Name				Organization	า			Job Title		
Mr. David J. Boyaji	an			Boy Scouts o	of America		Ranger			
Mailing Address Lin	e One		Mailing Add	lress Line Two			City State Zip C			
791 West Hill Road						New Ha	artford CT 0605			
Business Phone	Extension	Fax	M	lobile Phone	Emergency Phone	Email A	ddress			
860-379-2009		860-379-	8977			Dave.lo	Dave.lori@bsaranger.com			
Contact Role(s): A	dministrative	Contact	-		1	1				

PWS ID	PWS Name				Classifi	cation	Population	Owner Type	Primary Source
CT0920044	CAMP SEQUASSEN	(FRIENDSHIP - WEL	L #3)		N	С	25	Р	GW
Local Address (w	here applicable)		Service	Resident	tial Co	mmercia	l Industri	al Combine	d Agricultura
791 WEST HILL R	OAD		Connection	S		1			
Towns Served: N	EW HARTFORD			·	·		·	·	
								Job Title	`
Name			Organization					JOD LILIE	=
	vers		Organization CT Yankee Cou	ncil Bsa			Ceo	JOD TILLE	
Mr. Charles Flow		Mailing A	0	ncil Bsa			Ceo	State	Zip Code
Name Mr. Charles Flow Mailing Address 60 Wellington Ro	Line One	Mailing Ad	CT Yankee Cou	ncil Bsa		Milford	City		

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

_									
	Connecticut Do Water O	epartment of Juality Monit						ction	
PWS ID	PWS Name	<u> </u>	- 8 -					ner Type P	rimary Source
CT092005		OMIS - WELL #2)			NC		25	Р	GW
	lress (where applicable)		Service	Residentia			ndustrial	Combined	Agricultura
	Γ HILL ROAD		Connections	residentia		1	laastriai	Combined	7 Gilcarcara
	rved: NEW HARTFORD					-			
101111336	Treat HEW HARRING TO	Monito	oring Requ	irement	S				
Water Sy	ystem Facility: DISTRIBUTIO								
Total Co	oliform (3100)						1 rou	tine (RT)	per quarter
	pling Point (Sampling Point ID))		Monitoring	Period	Collect	ion Period		ance Status
Seled	ct from Inventory of Active Sam	pling Points		4/1/18 - 6/	30/18			Co	mplete
	·	·		7/1/18 - 9/	30/18				mplete
				10/1/18 - 12	2/31/18				
				1/1/19 - 3/					
				4/1/19 - 6/	30/19				
Physical	Parameters (PPS)						1 rou	tine (RT)	per quarter
•	pling Point (Sampling Point ID))		Monitoring	Period	Collect	ion Period		ance Status
Seled	ct from Inventory of Active Sam	pling Points		4/1/18 - 6/	30/18			Co	mplete
				7/1/18 - 9/	30/18			Co	mplete
				10/1/18 - 12	2/31/18				
				1/1/19 - 3/	31/19				
				4/1/19 - 6/	30/19				
Water Sy	stem Facility: ENTRY POIN	IT (WSF ID: 00700)							
Nitrate A	And Nitrite (NOX)						1	routine (F	T) per year
	pling Point (Sampling Point ID))		Monitoring	Period	Collect	ion Period	•	ance Status
	RY POINT (3)			1/1/17 - 12					mplete
	, ,			1/1/18 - 12					mplete
				1/1/19 - 12					<u>.</u>
	Wate	er System Facili	ty and Sar			nvento	ry		
Water		•	•			Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Poi	nt		Coliform	Copper		Stage
Facility IE)	ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBP
00301	PRESSURE TANKS								
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SER	RVICE CON	Α				
		UPSTREAM	WITHIN 5 SER	RVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT		Α				
21612	WELL	2	WELL		Α				
		Con	tact Inform	mation					
Name		Oı	rganization					Job Title	
	d J. Boyajian		y Scouts of Ar	nerica		Rai	nger		
	ddress Line One	Mailing Address					ity	State	Zip Code
0	<u> </u>	0					- /		

Mobile Phone

New Hartford

Dave.lori@bsaranger.com

Emergency Phone Email Address

СТ

06057

791 West Hill Road

Business Phone

860-379-2009

Extension

Contact Role(s): Administrative Contact

Fax

860-379-8977

C	onnecticu	ıt Department	of Public	Health	Drin	ıking	Water	Section	
	Wat	er Quality Moi	nitoring a	nd Con	nplia	nce S	chedul	le	
PWS ID P	WS Name				Classifi	cation	Population	Owner Type	Primary Source
CT0920054 C	AMP SEQUASSE	N (LOOMIS - WELL #2)			N	С	25	Р	GW
Local Address (who	ere applicable)		Service	Resider	ntial Co	mmercia	al Industri	al Combine	ed Agricultural
791 WEST HILL RO	AD		Connection	ns		1			
Towns Served: NEV	W HARTFORD							1	
Name			Organization					Job Titl	е
Mr. Charles Flowe	rs		CT Yankee Co	uncil Bsa			Ceo		
Mailing Address Li	ne One	Mailing Add	dress Line Two				City	State	Zip Code
60 Wellington Roa	d	P.O. Box 32				Milford		СТ	06461
Business Phone	Extension	Fax N	Nobile Phone	Emergency	/ Phone	Email A	ddress	,	
Contact Role(s):	egal Contact. O	wner							

Contact Role(s): Legal Contact, Owner

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End of schedule

		S		'n blist	r1/1.	D -: .1	· XA	7 - 1	C1' -		
	C	Connecticut De	•				_			n	
DIAIC ID	-		uality Monit	oring an	u Com	*				- D.	·
PWS ID		WS Name CAMP SEQUASSEN (RAI	NCED WELL #4\			Classificat NC	ion Pop	29		e Pri	imary Sourc GW
CT092006			NGER - WELL #1)	Service	Resident		nercial	29 Industria	P Comb	inad	-
791 WEST		ere applicable)		Connections	Resideiii		1	IIIuustiia	COIIID	ineu	Agricultura
		W HARTFORD		Commedians			L				
TOWIIS SEI	IVEU. INL	WHARTIOND	Nanita	ovina Doan	.:						
14 /21/21/6				oring Requ	ıiremei	nts					
		acility: DISTRIBUTIO	ON SYSTEM (WSF II	D: 00600)							
Total Co						5	6 11		=		er quarter
		int (Sampling Point ID)			Monitorii	_	Collec	ction Per	iod Co		ince Status
Selec	ct from I	nventory of Active Sam	pling Points		4/1/18 -						nplete
					7/1/18 -					Cor	nplete
					10/1/18 - 1/1/19 -						
					4/1/19 -						
Dhysical	Daram	otors (DDC)			4/1/19-	0/30/19		1	routing /	DT\	er quarter
_		eters (PPS) int (Sampling Point ID)			Monitorii	na Period	Collec	tion Per	-		ince Status
		nventory of Active Sam			4/1/18 -		Conec	tion ren	iou co		nplete
Jeice		inventory of Active Sam	pinig i onits		7/1/18 -						nplete
					10/1/18 -						приссе
					1/1/19 -						
					4/1/19 -						
Water Sy	vstem Fa	acility: ENTRY POIN	T (WSF ID: 00700)								
Nitrate A	And Nit	rite (NOX)							1 routir	e (R	T) per year
Samp	pling Po	int (Sampling Point ID)			Monitorii	ng Period	Collec	ction Per	iod Co	mplia	nce Status
ENTR	RY POINT	Г (3)			1/1/17 - :	12/31/17				Cor	mplete
					1/1/18 - :	12/31/18				Cor	mplete
					1/1/19 - 3	12/31/19					
		Wate	er System Facili	ty and Sai	mpling	Point I	nvento	ory			
Water							Total	Lead o	and		
System		System Facility	Sampling Point		int		Coliforn				Stage
Facility ID			ID	Description		Status		Rule	Tier Asbe	stos	WQP 2 DBP
00600	DISTRIE	BUTION SYSTEM	4	DISTRIBUTIO			Υ				
			DOWNSTREAM								
			UPSTREAM	WITHIN 5 SEF	RVICE CON	I A					
00700	ENTRY	POINT	3	ENTRY POINT	=	Α					
21613	WELL#	[‡] 1	2	WELL		Α					
			Con	tact Infor	mation						
Name			0.	rganization					Job T	itla	

			C	ontact Inf	ormation					
Name				Organization	า		Job Title	!		
Mr. David J. Boyajia	an			Boy Scouts o	of America	Ranger	•			
Mailing Address Lin	e One		Mailing Add	lress Line Two		City	City State Zip C			
791 West Hill Road						New Hartford	artford CT 0605			
Business Phone	Extension	Fax	IV	lobile Phone	Emergency Phone	Email Address				
860-379-2009		860-379-8	8977			Dave.lori@bsara	Dave.lori@bsaranger.com			
Contact Role(s): A	dministrative	Contact	,		1					

PWS ID	PWS Name				Cla	iance S	Population	Owner Type	Primary Source
CT0920064	CAMP SEQUASSEN	(RANGER - WEL	L #1)			NC	29	P	GW
Local Address (wh	nere applicable)		Service		Residential	Commercia	al Industri	al Combine	d Agricultura
791 WEST HILL RO	DAD		Connect	ions		1			
Towns Served: NI	W HARTFORD						'		
			Organizatio	n				Job Title	2
Name			O Barrizatio						
	ers		CT Yankee (l Bsa		Ceo		
Mr. Charles Flow		Mailir		Council	l Bsa		Ceo City	State	Zip Code
Mr. Charles Flow Mailing Address L 60 Wellington Ro	ine One		CT Yankee (Council	l Bsa	Milford	City	State	Zip Code 06461

Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	C	2 2 2 2 2 1 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 2 1 1 2 2 2 2 2 2 1 1 2	A D			C Dl. I'	Haald	D	also l	- TA	Tak-	C	ok! a	
	C	onnectic	_										ection	
		Wat	ter Qua	lity M	<u>lonit</u>	coring a	nd Com	ıpl	iance					
PWS ID		VS Name						Cla	ssificatio	n Pop		Ow	ner Type	Primary Source
СТ092007		MP SEQUASS	EN (SOUTH -	WELL #	4)				NC		25		Р	GW
Local Add	ress (whe	re applicable)				Service	Resident	tial	Comme	rcial	Industri	al	Combine	d Agricultural
791 WEST						Connection	1S		1					
Towns Ser	rved: NEV	V HARTFORD												
				<u> </u>	/lonite	oring Rec	uireme	nts	S					
Water Sy	stem Fa	cility: DISTR	IBUTION S	YSTEM	(WSF I	D: 00600)								
Total Co	liform (3100)									1	rou	itine (RT	per quarter
Samı	pling Poir	nt (Sampling P	oint ID)				Monitorii	ng P	Period	Colle	ction Pe	riod	Comp	liance Status
Selec	ct from In	ventory of Act	ve Sampling	Points			4/1/18 -							Complete
							7/1/18 -						C	Complete
							4/1/19 -	6/3	0/19					
-		ters (PPS)												per quarter
		t (Sampling P					Monitorii			Colle	ction Pe	riod		liance Status
Selec	ct from In	ventory of Act	ive Sampling	Points			4/1/18 -		-					Complete
							7/1/18 -						C	Complete
							4/1/19 -	6/3	0/19					
		cility: ENTR	Y POINT (V	VSF ID:	00700)									
		ite (NOX)												RT) per year
_		t (Sampling P	oint ID)				Monitorii				ction Pe			liance Status
ENTR	RY POINT	(3)					1/1/17 - :				/1-9/30			Complete
							1/1/18 - :				/1-9/30		(Complete
							1/1/19 - :	•	•		/1-9/30			
			Water Sy	ystem	Facili	ity and Sa	ampling	Po	int Inv	ento	ory			
Water				- "						Total	Lead			
System		ystem Facility		Samplin II	_	Sampling P Description				olifor			. A-b4-	Stage
Facility ID		D DLIMD		- 11	,	Description	<u>'</u>		Status	Rule	Kuie	Her	Aspesto	s WQP 2 DBPR
	BOOSTE		OF TABLE											
00301		PHERIC STORA				DICTRIBUTE	011 01/0751			.,				
00600	DISTRIB	JTION SYSTEM			ļ :====	DISTRIBUTION			A	Υ				
						WITHIN 5 S			A					
20722	ENITOY 6			UPSTI		WITHIN 5 S		J	A					
00700	ENTRY P				3	ENTRY POIN	NT		A					
21614	WELL #4				2	WELL			Α					
					Con	tact Info	rmation							
Name					0	rganization							Job Title	
Mr. David	l J. Boyaji	an			Во	oy Scouts of A	America			R	anger			
Mailing A	ddress Lir	ie One		Mailing	Addres	s Line Two					City		State	Zip Code
ivialling A														
791 West	Hill Road					ile Phone			New	Hartf	ord		СТ	06057

Dave.lori@bsaranger.com

860-379-8977

860-379-2009

Contact Role(s): Administrative Contact

PWS ID F	WS Name				Clas	sification	Population	Owner Type	Primary Source
СТ0920074	AMP SEQUASSEN	I (SOUTH - WEL	L #4)			NC	25	Р	GW
Local Address (wh	ere applicable)		Service	Res	idential	Commercia	al Industri	al Combine	ed Agricultura
791 WEST HILL RC	AD		Connecti	ons		1			
Towns Served: NE	W HARTFORD		·	·				·	·
Name			Organization	1				Job Title	9
	ers		Organization CT Yankee C		a		Ceo	Job Title	2
Mr. Charles Flow		Maili			a		Ceo	Job Title State	Zip Code
Name Mr. Charles Flowe Mailing Address L 60 Wellington Roa	ne One		CT Yankee C		a	Milford	City		-

Please note the following:

- The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary CT0920084 CAMP SEQUASSEN (NORTH-WELL #5) NC 25 P G Local Address (where applicable) Service Connections 1 Industrial Combined Agri 791 WEST HILL ROAD Connections 1 Towns Served: NEW HARTFORD Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) 1 routine (RT) per quantity Select from Inventory of Active Sampling Points 4/1/18 - 6/30/18 Completed To/1/18 - 9/30/18 Completed To/1/18 - 12/31/18 1/1/19 - 3/31/19 4/1/19 - 6/30/19
PWS ID PWS Name Classification Population Owner Type Primary CT0920084 CAMP SEQUASSEN (NORTH-WELL #5) Local Address (where applicable) 791 WEST HILL ROAD Towns Served: NEW HARTFORD Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sempling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/18 - 6/30/18 Complet 10/1/18 - 12/31/18 1/1/19 - 3/31/19
Local Address (where applicable) 791 WEST HILL ROAD Towns Served: NEW HARTFORD Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Select from Inventory of Active Sampling Points Monitoring Period Collection Period Compliance States 10/1/18 - 9/30/18 1 Complet 10/1/18 - 12/31/18 1/1/19 - 3/31/19
791 WEST HILL ROAD Towns Served: NEW HARTFORD Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/18 - 6/30/18 Complet 10/1/18 - 12/31/18 1/1/19 - 3/31/19
Towns Served: NEW HARTFORD Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/18 - 6/30/18 Complet 10/1/18 - 12/31/18 1/1/19 - 3/31/19
Monitoring Requirements Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/18 - 6/30/18 Complete 10/1/18 - 12/31/18 1/1/19 - 3/31/19
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/18 - 6/30/18 Complete 10/1/18 - 12/31/18 1/1/19 - 3/31/19
Total Coliform (3100) Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/18 - 6/30/18 7/1/18 - 9/30/18 10/1/18 - 12/31/18 1/1/19 - 3/31/19
Sampling Point (Sampling Point ID) Select from Inventory of Active Sampling Points 4/1/18 - 6/30/18 Complet 7/1/18 - 9/30/18 Complet 10/1/18 - 12/31/18 1/1/19 - 3/31/19
Select from Inventory of Active Sampling Points 4/1/18 - 6/30/18 Complet 7/1/18 - 9/30/18 Complet 10/1/18 - 12/31/18 1/1/19 - 3/31/19
7/1/18 - 9/30/18 Complet 10/1/18 - 12/31/18 1/1/19 - 3/31/19
10/1/18 - 12/31/18 1/1/19 - 3/31/19
1/1/19 - 3/31/19
4/1/19 - 6/30/19
Physical Parameters (PPS) 1 routine (RT) per qu
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance S
Select from Inventory of Active Sampling Points 4/1/18 - 6/30/18 Complet
7/1/18 - 9/30/18 Complet
10/1/18 - 12/31/18
1/1/19 - 3/31/19
4/1/19 - 6/30/19
Water System Facility: ENTRY POINT (WSF ID: 00700)
Nitrate And Nitrite (NOX) 1 routine (RT) pe
Sampling Point (Sampling Point ID) Monitoring Period Collection Period Compliance S
ENTRY POINT (3) 1/1/17 - 12/31/17 Complet
1/1/18 - 12/31/18 Complet 1/1/19 - 12/31/19
Water System Facility and Sampling Point Inventory
Water Total Lead and System Water System Facility Sampling Point Sampling Point Coliform Copper
Facility ID ID Description Status Rule Rule Tier Asbestos WQP
00600 DISTRIBUTION SYSTEM 4 DISTRIBUTION SYSTEM A Y
DOWNSTREAM WITHIN 5 SERVICE CON A
UPSTREAM WITHIN 5 SERVICE CON A
00700 ENTRY POINT 3 ENTRY POINT A
21615 WELL 2 WELL A
Contact Information
Name Organization Job Title

			C	ontact Inf	ormation					
Name				Organization	า		Job Title			
Mr. David J. Boyajia	an			Boy Scouts o	of America	Ranger				
Mailing Address Lin	e One		Mailing Add	lress Line Two		City	City State Zip Co			
791 West Hill Road						New Hartford	artford CT 0605			
Business Phone	Extension	Fax	N	lobile Phone	Emergency Phone	Email Address				
860-379-2009		860-379-	8977			Dave.lori@bsarange	Dave.lori@bsaranger.com			
Contact Role(s): A	dministrative	Contact			1					

PWS ID	PWS Name				Cla	ssificati	ion P	opulation	Owner Type	Primary Source
СТ0920084	CAMP SEQUASSEN	(NORTH-WELL	#5)			NC		25	Р	GW
Local Address (wh	nere applicable)		Se	ervice	Residential	Comm	nercial	Industri	al Combine	ed Agricultura
791 WEST HILL RO	DAD		Co	onnections		1	L			
Towns Served: NI	IN HARTEORD		,		•	'			<u>'</u>	
TOWNS SCIVEG. IVI	WHANHOND									
	-W HARTI ORD		Organ	nization					Job Title	2
Name				nization Inkee Coun	cil Bsa			Ceo	Job Title	2
Name Mr. Charles Flow	ers	Maili		nkee Coun	cil Bsa			Ceo City	Job Title	Zip Code
Name Mr. Charles Flow Mailing Address L 60 Wellington Ro	ers ine One		CT Yaı	nkee Coun	cil Bsa	Mi	lford			-

Contact Role(s): Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dej	partment o	f Public H	lealth	Dı	rinki	ng V	Vater	Se	ction	
	Water Qu	iality Moni	toring an	d Com	ıpl	ianc	e Scl	nedul	e		
PWS ID	PWS Name				Clas	ssificati	on Po	pulation	Owr	ner Type P	rimary Sourc
СТ0920094	CAMP WORKCOEMAN - D	DINING HALL				NC		25		Р	GW
Local Address	(where applicable)		Service	Residen	tial	Comm	ercial	Industria	al	Combined	Agricultura
WEST HILL RO)AD		Connections			6	i				
Towns Served	: NEW HARTFORD										
		Monit	oring Requ	uireme	nts						
Water Syster	m Facility: DISTRIBUTION	SYSTEM (WSF	ID: 00600)								
Total Colifo	rm (3100)							1	rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID)				Monitori	ng P	eriod	Colle	ction Per	iod	Compli	ance Status
Select from Inventory of Active Sampling Points				7/1/18 -	9/3	0/18				Co	mplete
				10/1/18 -	12/	31/18				Co	mplete
				4/1/19 -	6/3	0/19					
_	rameters (PPS)							1	rou		per quarter
	g Point (Sampling Point ID)			Monitoring Period		Collection Period		Compliance Status			
Select fro	om Inventory of Active Sampl	ing Points		4/1/18 - 6/30/18		5/1-6/30		Complete			
				7/1/18 -							mplete
				10/1/18 -		-)/1-10/31	L	Co	mplete
				4/1/19 -	6/3	0/19	5	5/1-6/30			
•	m Facility: ENTRY POINT	(WSF ID: 00700)								_
	Nitrite (NOX)				_					_	T) per year
	g Point (Sampling Point ID)			Monitori			Colle	ction Per	iod		ance Status
ENTRY PO	OINT (3)			1/1/17 -							mplete
				1/1/18 -						Co	mplete
				1/1/19 -							
	Water	System Faci	lity and Sai	mpling	Ро	int In	ivent	ory			
Water	oten Contain Fraille	Communities on Designation					Total				
System Work Facility ID	ater System Facility	Sampling Point ID	Sampling Pol Description	nt			Colifori Rule			Achestos	Stage WQP 2 DBP
	STRIBUTION SYSTEM	4	DISTRIBUTION	NI CVCTENA		<u>Status</u> A	Y	Kule	1161	ASDESIOS	WQF Z DDF
00000 DIS	STRIBUTION STSTEM		DISTRIBUTION 1 WITHIN 5 SEF			A	1				
		UPSTREAM	WITHIN 5 SEF			A					
00700 EN	TRY POINT	3	ENTRY POINT		•	A					
	ELL #1	2	WELL #1			A					
21010 111			ntact Infor	mation							
NI				illation						tale mod	
Name	14/a+ava		Organization	C- · · ·				\!		Job Title	
Mr. James C.	waters	C	Connecticut Rive	ers Counci	II.		L	irector			

City

James.waters@scouting.org

East Hartford

Emergency Phone Email Address

State

CT

Zip Code

06108

Mailing Address Line Two

Mobile Phone

Mailing Address Line One

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

860-289-1670

60 Darlin Street

Business Phone

860-913-2750

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	ipmamee t	onicad					
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0920094	CAMP WORKCOEMAN - DINING HALL			NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial Commerci	al Industri	ial Combine	ed Agricultural
WEST HILL ROAD		Connections		6			

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
СТ0920104	CT0920104 TOWN OF NEW HARTFORD - BROWN'S CORNER				NC	200	L	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
812 STEELE ROA	/D	Connections			3			

Towns Served. NEW HARTFORD			
Monitoring Re	equirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600))		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	5/1/18 - 5/31/18		Complete
	6/1/18 - 6/30/18		Complete
	7/1/18 - 7/31/18		Complete
	8/1/18 - 8/31/18		Complete
	9/1/18 - 9/30/18		Complete
	10/1/18 - 10/31/18		
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period Collection Perio		Compliance Status
Select from Inventory of Active Sampling Points	5/1/18 - 5/31/18		Complete
	6/1/18 - 6/30/18		Complete
	7/1/18 - 7/31/18		Complete
	8/1/18 - 8/31/18		Complete
	9/1/18 - 9/30/18		Complete
	10/1/18 - 10/31/18		
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
SEASONAL START UP CERTIFICATION	4/1/2016							
SEASONAL START UP COMPLETED	4/1/2016							
SEASONAL START UP COMPLETED	4/1/2017							
SEASONAL START UP CERTIFICATION	4/1/2017							
SEASONAL START UP COMPLETED	4/1/2018							
SEASONAL START UP CERTIFICATION	4/1/2018							

Water System Facility and Sampling Point Inventory									
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper			Stage
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP	2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	<u> </u>			1			
PWS ID PWS Name			Classification	Population	Owner Type	Primary Source	
СТ0920104	TOWN OF NEW HARTFORD - BROWN'S CORN	IER		NC	200	L	GW
Local Address (v	vhere applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
812 STEELE ROA	ND	Connections		3			

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR		
		DOWNSTREAM	WITHIN 5 SERVICE CON	A							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
21617	WELL	2	WELL	Α							

				Co	ntact Inf	ormation				
Name					Organization				Job Title	
Mr. Daniel V. Jerram					Town of New	/ Hartford	First Selectman			
Mailing Address Lin	e One		Mailing	Addr	ress Line Two			City		Zip Code
530 Main Street			P.O. Bo	x 316			New Ha	rtford	СТ	06057
Business Phone Extension Fax N				Mo	bile Phone	Emergency Phone Email Address				
860-379-3389 860-379-0940						860-480-1377	djerram	@town.new	/-hartford.ct.i	JS

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut De	partment of	Public H	Iealth [Drink	ing W	/ater $\mathfrak s$	Section	
	·	uality Monit							
PWS ID	PWS Name		<u> </u>						Primary Source
CT0920124	SKI SUNDOWN, INC.				NC		600	P	GW
Local Addre	ess (where applicable)		Service	Residenti	ial Comn	nercial	Industrial	Combine	ed Agricultural
126 RATLUI	M ROAD		Connections		4	4			_
Towns Serv	ed: NEW HARTFORD			1					
		Monito	oring Requ	uiremen	its				
Water Sys	tem Facility: DISTRIBUTION	N SYSTEM (WSF I	D: 00600)						
Total Coli	form (3100)						1 :	routine (RT) per quarter
Sampl	ing Point (Sampling Point ID)			Monitorin	g Period	Colle	ction Peri	od Com _l	oliance Status
Select	from Inventory of Active Samp	ling Points		4/1/18 - 6	5/30/18			(Complete
				7/1/18 - 9	9/30/18			(Complete
				10/1/18 - 3	12/31/18				
				1/1/19 - 3	3/31/19				
				4/1/19 - 6	5/30/19				
-	arameters (PPS)						1 ו	-) per quarter
	ing Point (Sampling Point ID)			Monitorin		Colle	ction Peri		oliance Status
Select	from Inventory of Active Samp	ling Points		4/1/18 - 6					Complete
				7/1/18 - 9				(Complete
				10/1/18 - 1					
				1/1/19 - 3					
				4/1/19 - 6	5/30/19				
	tem Facility: ENTRY POINT	(WSF ID: 00700)							
	nd Nitrite (NOX)								(RT) per year
	ing Point (Sampling Point ID)			Monitorin		Colle	ction Peri		oliance Status
ENTRY	POINT (3)			1/1/17 - 1					Complete
				1/1/18 - 1				(Complete
				1/1/19 - 1					
	Water	System Facili	ity and Sai	mpling I	Point li	nvent	ory		
Water						Total			_
-	Water System Facility	Sampling Point ID		int		Coliforn			Stage
Facility ID	DICTRIBUTION CYCTER A	<u> </u>	Description	N CVCTEA 4	<u>Status</u>		ките Т	ier Asbesto	s WQP 2 DBPR
00600 1	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A	Y			
		DOWNSTREAM			A				
00700		UPSTREAM	WITHIN 5 SEF		Α .				
	ENTRY POINT	3	ENTRY POINT	-	Α				
	WELL	2	WELL		Α				
57597 I	PRESSURE TANK								
		Con	tact Infor	mation					

57597 PRESSUR	RE TANK								
				Contact Inf	ormation				
Name				Organization	l			Job Title	9
Mr. Robert Switzga	ble			Ski Sundown			President		
Mailing Address Lin	e One		Mailing Ad	dress Line Two			City	State	Zip Code
			P. O. Box 2	208		New Har	rtford	СТ	06057-0208
Business Phone	Extension	Fax	N	Mobile Phone	Emergency Phone	Email Ac	ldress		
860-379-7669	220	860-379-2	1853		860-379-2840	Bob@sk	isundown.com		
Contact Role(s): A	dministrative	Contact. Leg	al Contact.	Owner					

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	water Quality Monte	or mg am	u don	ipilance i	Jeneau	i C	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0920124	SKI SUNDOWN, INC.			NC	600	Р	GW
Local Address (\	where applicable)	Service	Resider	ntial Commerc	ial Industr	ial Combine	ed Agricultural
126 RATLUM RO	Connections		4				

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0920144	TRINITA				NC	30	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
595 TOWN HILI	. ROAD	Connections			6			

Towns Served: NEW HARTFORD

Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete
	7/1/18 - 9/30/18		Complete
	10/1/18 - 12/31/18		
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete
	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
Other Con	mpliance Schedules		

Other Compliance Schedules

Compliance Schedule Activity

Due Date
Achieved Date
CROSS CONNECTION SURVEY REPORT
3/1/2019

	V	Water System Facili	ity and Sampling	g Point Inventor	'y	
Water				Total	Lead and	
System	Water System Facility	Sampling Point	Sampling Point	Coliform	Copper	
Envilled ID		ID	Description	D. J.	Dud- Ti-	Α.

Facility II		ID	Description	Status	Rule	Rule Tier Asbestos WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ	
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α		
		UPSTREAM	WITHIN 5 SERVICE CON	Α		
00700	ENTRY POINT	3	ENTRY POINT	Α		
21621	\//FII	2	\M/FLI	Δ		

Stage

57599 BLADDER TANKS

			Co	ontact Inf	ormation					
Name				Organization	1		Job Title			
Mr. Sr John Christopher Langford				M.S.B.T.			General Treasurer			
Mailing Address Lin	e One		Mailing Address Line Two				City	State	Zip Code	
3501 Solly Avenue				Philad			ohia	PA	19136	
Business Phone	Business Phone Extension Fax			obile Phone	Emergency Phone	Email Ad	ldress			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecti	cut Depa	rtme	ent of Public	Healt	h Dr	inking	, Water	Section	
	W	ater Qua	lity N	Monitoring a	nd Co	mpl	iance S	Schedul	e	
PWS ID	PWS Name					Clas	sification	Population	Owner Type	Primary Source
CT0920144	TRINITA						NC	30	Р	GW
Local Address (w	here applicabl	e)		Service	Resid	ential	Commerci	al Industri	al Combine	ed Agricultural
595 TOWN HILL F	ROAD			Connectio	ns		6			
Towns Served: N	EW HARTFORI)		,		,			,	
215-335-7502		215-335-	7580		215-33	35-7500) JLANG	F422@AOL.0	COM	
Contact Role(s):	Legal Contact	, Owner								
Name				Organization					Job Title	е
Mr. Deborah Wil	lson			Msbt				Team Me	mber	
Mailing Address	Line One		Mailing	Address Line Two				City	State	Zip Code
595 Town Hill Ro	ad						New H	artford	СТ	06057
Business Phone	e Extension	ı Fax		Mobile Phone	Emerger	ncy Pho	ne Email <i>i</i>	Address		
860-379-4329		860-379-	4329		860-73	38-0337	' trinita	@charter.ne	t	

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dep	artment of	Public H	lealth	Dr	inkiı	ng W	ater S	Secti	on	
	*	ality Monit					U				
PWS ID	PWS Name	arrey 1.10111c	or mg am	a don.						Гуре Р	rimary Sourc
CT0920154	WEST HILL BEACH CLUB, IN	IC.				NC		25	Р	710 = 100	GW
	where applicable)		Service	Residen	tial (Comme		ndustrial	Cor	nbined	Agricultura
730 WEST HILL			Connections	2		2					
	NEW HARTFORD										
		Monito	oring Requ	iireme	nts						
Water System	Facility: DISTRIBUTION		<u>_</u>								
Total Colifor	m (3100)							1 r	outine	e (RT)	oer quarter
Sampling	Point (Sampling Point ID)			Monitori	ng Pe	eriod	Collec	tion Perio	od	Compli	ance Status
Select fro	m Inventory of Active Samplir	ng Points		4/1/18 -	5/31	./18				Co	mplete
				7/1/18 -	9/30	/18				Co	mplete
				10/1/18 -	12/3	1/18					
				1/1/19 -	3/31	/19					
				4/1/19 -	6/30	/19					
Total Colifor	m (3100)									3 (TR)	per month
Sampling	Point (Sampling Point ID)			Monitori	ng Pe	eriod	Collec	tion Perio			ance Status
Select from	m Inventory of Active Samplir	ng Points		6/1/18 -	6/30	/18				Co	mplete
Physical Para	ameters (PPS)							1 r	outine	e (RT)	er quarter
_	Point (Sampling Point ID)			Monitori	ng Pe	eriod	Collec	tion Perio			ance Status
Select fro	m Inventory of Active Samplin	ng Points		4/1/18 -	6/30	/18				Со	mplete
	· ·			7/1/18 -							mplete
				10/1/18 -							
				1/1/19 -							
			_	4/1/19 -							
Water System	n Facility: ENTRY POINT ((WSF ID: 00700)									
Nitrate And I	Nitrite (NOX)								1 rou	tine (R	T) per year
Sampling	Point (Sampling Point ID)			Monitori	ng Pe	eriod	Collec	tion Perio	od	Compli	ance Status
ENTRY PO	INT (3)			1/1/17 -	12/31	1/17				Co	mplete
				1/1/18 -						Co	mplete
				1/1/19 -	12/31	1/19					
Water System	Facility: WELL (WSF ID:	21622)									
E. Coli (3014								1 tr	iggere	d (TG)	per period
-	Point (Sampling Point ID)			Monitori	na Pe	eriod	Collec	tion Perio			ance Status
WELL (2)	, , , , , ,			5/21/18							mplete
		Other Co	ompliance								_
Compliance Sci	hedule Activity				Due D			Achieve	ed Dat	e	
RESPOND TO S	ANITARY SURVEY			6	/25/2	2006					
	Water	System Facili	ty and Sar	npling	Poi	nt In	vento	ry			
Water							Total	Lead a	nd		
*	ter System Facility	Sampling Point		nt		(Coliform				Stage
Facility ID		ID	Description		S	tatus	Rule	Rule T	ier As	bestos	WQP 2 DBP
00600 DIST	TRIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	RVICE CON	١	Α					
		UPSTREAM	WITHIN 5 SER	RVICE CON	١	Α					
00700 ENT	RY POINT	3	ENTRY POINT			Α					
21622 WEI	1	2	\A/E11	-		۸					

Α

WELL

2

21622 WELL

	Water Quality M				C	,				
PWS ID PWS Name Classification Population Owner Type Primary S										mary Source
CT0920154	WEST HILL BEACH CLUB, INC.	T HILL BEACH CLUB, INC.						Р		GW
Local Address	(where applicable)	Service	Resider	ntial	Commerci	al Indust	rial	Combine	ed	Agricultural
730 WEST HILL ROAD Connections 2 2										

Connecticut Department of Public Health Drinking Water Section

			Co	ontact Inf	ormation					
Name				Organization	า			Job Title		
Mr. Sally Albrecht				West Hill Be	ach Club Inc	President				
Mailing Address Lir	ie One		Mailing Addr	ess Line Two			City	State	Zip Code	
11 Buttonwood Hil						Canton		СТ	06019	
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email A	il Address			
Contact Role(s): Le	egal Contact			Т						
Name				Organization	1			Job Title		
Mr. Richard Albrec	ht			West Hill Be	ach Club, Inc		Vol Ground	ls Manager		
Mailing Address Lir	ie One		Mailing Addr	ess Line Two			City	State	Zip Code	
11 Buttonwood Hil	Road					Canton		СТ	06019	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email A	ddress			
860-810-8599						ralbrech	t08@gmail.	com		
Contact Role(s). A	dministrative Co	ntact Lec	al Contact							

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

Towns Served: NEW HARTFORD

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Do	epartment of	Public H	lealth	Dri	nkir	ng W	ater S	ection			
		uality Monit					_					
PWS ID	PWS Name	eddirey 1-10111e				ificatio			vner Type F	rimary Source		
СТ0920284	CAMP WORKCOEMAN	- CAMPSITE				NC		25	Р	GW		
Local Addre	ess (where applicable)		Service	Resident	tial C	omme	rcial II	ndustrial	Combined	Agricultura		
WEST HILL I	ROAD		Connections	1								
Towns Serv	ed: NEW HARTFORD			1	'				1	'		
		Monito	oring Requ	iiremei	nts							
Water Syst	tem Facility: DISTRIBUTION	ON SYSTEM (WSF I	D: 00600)									
Total Coli	form (3100)							1 rc	utine (RT)	per quarter		
Sampl	ing Point (Sampling Point ID))		Monitorir	ng Pei	riod	Collect	tion Perio	d Compl	iance Status		
Select	from Inventory of Active Sam	pling Points		4/1/18 -	6/30/	18			Co	omplete		
				7/1/18 -						omplete		
				10/1/18 -					Co	omplete		
				4/1/19 -	6/30/	19						
_	arameters (PPS)	1					o " .			per quarter		
	ing Point (Sampling Point ID)			Monitorin			Collect	tion Perio		iance Status		
Select	from Inventory of Active Sam	ipling Points		4/1/18 - 7/1/18 -						omplete omplete		
				10/1/18 -						omplete		
				4/1/19 -					Cl	mpiete		
Water Syst	tem Facility: ENTRY POIN	IT (WSF ID: 00700)		4, 1, 13	0,30,	13						
	nd Nitrite (NOX)	(•	L routine (I	RT) per year		
	ing Point (Sampling Point ID))		Monitorir	ng Pei	riod	Collect	ion Perio	-	iance Status		
ENTRY	POINT (3)			1/1/17 - 1	12/31	/17			Co	Complete		
				1/1/18 - 1	12/31	/18			Co	omplete		
				1/1/19 - 1	12/31	/19						
	Wate	er System Facili	ity and Sar	npling	Poir	nt Inv	<i>r</i> ento	ry				
Water							Total	Lead an	d			
_	Nater System Facility	Sampling Point		nt		C		Copper		Stage		
Facility ID		ID	Description			atus	Rule	Rule Tie	r Asbestos	WQP 2 DBPI		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION			A	Υ					
		DOWNSTREAM				A						
00700	-NITOV DOINIT	UPSTREAM	WITHIN 5 SER	VICE CON	1	Α						
	ENTRY POINT	3	ENTRY POINT			A						
48806 \	WELL # 2	2	WELL # 2			Α						
			tact Inforr	nation								
Name			rganization						Job Title			
Mr. James			onnecticut Rive	rs Counci	1			ector				
Mailing Add	lress Line One	Mailing Address	s Line Two				С	ity	State	Zip Code		

Mobile Phone

East Hartford

James.waters@scouting.org

Emergency Phone Email Address

CT

06108

60 Darlin Street

Business Phone

860-913-2750

Extension

Contact Role(s): Administrative Contact, Legal Contact

Fax

860-289-1670

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Water Quarty From	or mg am	a don	in primarice i	Jeneau		
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0920284	CAMP WORKCOEMAN - CAMPSITE	NC	25	Р	GW		
Local Address (v	vhere applicable)	Service	Resider	ntial Commerc	ial Industri	ial Combine	ed Agricultural
WEST HILL ROA	D	Connections	1				

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section											
	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source				
СТ0920294	CAMP WORKCOEMAN - BAILEY NC 25 P GW											
Local Address (where applicable) Service Residential Commercial Industrial Combined Agricu								ed Agricultural				

1

Connections

WEST HILL ROAD

Physical Parameters M&R Violation

Towns Served: NEW HARTFORD	1	-1	1		ı	1		
M	onitoring Requ	uirement	ts					
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Coliform (3100)				1 r	outine (RT) p	er quarter		
Sampling Point (Sampling Point ID)		Monitoring	Period C	Collection Perio	od Compli	ance Status		
Select from Inventory of Active Sampling Points		7/1/18 - 9,	/30/18		Co	mplete		
		10/1/18 - 12	2/31/18		Co	mplete		
		4/1/19 - 6,	/30/19					
Physical Parameters (PPS)				1 r	outine (RT) բ	er quarter		
Sampling Point (Sampling Point ID)		Monitoring	Period C	d Collection Period Compliance St				
Select from Inventory of Active Sampling Points		4/1/18 - 6,	/30/18	5/1-6/30	Co	mplete		
		7/1/18 - 9/30/18						
		10/1/18 - 12	2/31/18	10/1-10/31	Co	mplete		
		4/1/19 - 6,	/30/19	5/1-6/30				
Water System Facility: ENTRY PIONT (WSF ID: 0	0700)							
Nitrate And Nitrite (NOX)					1 routine (R	T) per year		
Sampling Point (Sampling Point ID)		Monitoring	Period C	Collection Perio	od Compli	ance Status		
ENTRY POINT (3)		1/1/17 - 12	2/31/17		Co	mplete		
		1/1/18 - 12	2/31/18		Co	mplete		
		1/1/19 - 12	2/31/19					
Public	Notification F	Requiren	nents					
	Compliance	Notice	Public N	<u>otification</u>	PN Cert	ification		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Total Coliform M&R Violation	7/1/04 - 9/30/04	2	2/25/2005		3/7/2005			
Physical Parameters M&R Violation	7/1/04 - 9/30/04	3	1/26/2006		2/5/2006			
	1							

	Wa	ter System Facili	ity and Sampling P	oint Ir	iventoi	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY PIONT	3	ENTRY POINT	Α					
48818	WELL # 3	2	WELL#3	Α					

3

9/8/2010

9/18/2010

4/1/09 - 6/30/09

				Contact Inf	ormation					
Name		Organization			Job Title					
Mr. James C. Wate	rs			Connecticut	Rivers Council		Director			
Mailing Address Line One Ma			Mailing Address Line Two				City	State	Zip Code	
60 Darlin Street						East Har	tford	СТ	06108	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ac	ldress			
860-913-2750		860-289-1	.670			James.w	es.waters@scouting.org			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	2000000			F				
PWS ID	PWS Name			Class	sification	Population	Owner Type	Primary Source
СТ0920294	CAMP WORKCOEMAN - BAILEY		NC	25	Р	GW		
Local Address (v	where applicable)	Service	Residen	itial (Commercia	al Industri	al Combine	ed Agricultural
WEST HILL ROA	D	Connections	1					

Contact Role(s): Administrative Contact, Legal Contact

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End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0925014	BERSHIRE HALL AT BRODIE PARK				NC	28	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
580 WEST HILL F	ROAD	Connections					6	

Towns Served: NEW HARTFORD

TOWIS SERVED. NEW HARTI ORD									
Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)									
Total Coliform (3100)		1 routine (RT) per quarter							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete						
	7/1/18 - 9/30/18		Complete						
	10/1/18 - 12/31/18								
	1/1/19 - 3/31/19								
	4/1/19 - 6/30/19								
Physical Parameters (PPS)		1 routine (RT) per quarter							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	4/1/18 - 6/30/18		Complete						
	7/1/18 - 9/30/18		Complete						
	10/1/18 - 12/31/18								
	1/1/19 - 3/31/19								
	4/1/19 - 6/30/19								
Water System Facility: ENTRY POINT (WSF ID: 00700)									
Nitrate And Nitrite (NOX)		1 routine (RT) per year							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
ENTRY POINT (3)	1/1/17 - 12/31/17		Complete						
	1/1/18 - 12/31/18		Complete						
	1/1/19 - 12/31/19								

Public Notification Requirements								
	Compliance	Notice	Public No	<u>tification</u>	PN Certification			
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Total Coliform M&R Violation	4/1/11 - 6/30/11	2	10/19/2011		10/29/2011			
Physical Parameters M&R Violation	4/1/11 - 6/30/11	3	9/18/2012		9/28/2012			
Total Coliform M&R Violation	1/1/14 - 3/31/14	3	6/26/2014		7/6/2014			
Physical Parameters M&R Violation	1/1/14 - 3/31/14		5/27/2015		6/6/2015			

Water System Facility and Sampling Point Inventory Water Total Lead and Water System Facility Sampling Point Sampling Point System **Coliform** Copper Stage Facility ID ID **Description** Rule Rule Tier Asbestos WQP 2 DBPR Status 00600 **DISTRIBUTION SYSTEM** 4 **DISTRIBUTION SYSTEM** Υ DOWNSTREAM WITHIN 5 SERVICE CON Α **UPSTREAM** WITHIN 5 SERVICE CON Α **ENTRY POINT** Α 00700 **ENTRY POINT** 3 57701 WELL 1 2 WELL 1 Α

Contact Information								
Name	Organization	Job Title						
Mr. Daniel V. Jerram	Town of New Hartford	First Selectman						
		0. 0. 5. 0.						

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	Connectic	ut Depa	rtme	nt of	Public H	lealth	Drin	iking	Water	Se	ction		
	Wa	ter Qua	lity M	lonit	oring an	d Con	nplia	nce S	chedul	le			
PWS ID	PWS Name					Classifi	cation	Population	Owr	ner Type I	Primary Source		
CT0925014	T0925014 BERSHIRE HALL AT BRODIE PARK							С	28		Р	GW	
Local Address (where applicable)					Service Residenti Connections		tial Co	mmercia	l Industr	Industrial C		d Agricultural	
580 WEST HILL ROAD											6		
Towns Served: N					-		1						
Mailing Address	Line One		Mailing	Address	Line Iwo				City State Zip			Zip Code	
530 Main Street P.O. Box 316				x 316				New Hartford CT 06					
Business Phone	Extension	Fax		Mobile Phone Emergence				Email A	ddress				
860-379-3389		860-379-0940				860-480-1377 djerram@town.new-hartford.ct.us					ıs		
Contact Role(s):	Administrative	Contact, Leg	al Conta	ct									
Name				Or	ganization		Job Title						
Town of New Ha	rtford												
Mailing Address Line One Mailing Addres				Address	Line Two			City State Zip			Zip Code		
580 Main St								New Hartford		СТ	06057		
Business Phone	Extension	n Fax Mobile			Phone Emergency Phone Emai			Email A	mail Address				
Contact Role(s):	Owner												

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- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule